

7287



# Citation for Non-Compliance

## Utah Minerals Regulatory Program

1594 West North Temple, Salt Lake City, UT 84114

Phone: (801) 538-5340 Fax: (801) 359-3940

**Citation #:** MN-2016-60-02

**Permit Number:** M/047/0032

**Date Issued:** 03/23/2016



**NOTICE OF VIOLATION**



**CESSATION ORDER (CO)**



**FAILURE TO ABATE CO**

**Permittee Name:** Tar Sands Holdings II

**Inspector ID and Number:** A. Abate 60

**Mine Name:** Asphalt Ridge 2

**Date of Inspection:** 3/15/2016

**Certified Return Receipt Number:** 7014 2870 0001 4231 9654

**Date and Time of Service:** 3/23/16 12:00pm

**Nature of condition, practice, or violation:**

Improper storage of Deleterious/Hazardous Materials

**Provisions of Act, regulations, or permit violated:**

R647-4-107.4 - Deleterious Materials

For Cessation Orders and Failure to Abate CO's, check appropriate box(es) below:



**This order requires Cessation of ALL mining activities.**

Or



**This order requires Cessation of PORTION(S) of the mining activities.**

**Mining activities to be ceased immediately:**



Condition, practice, or violation is creating an imminent danger to health or safety of the public.



Permittee/Operator is/has been conducting mining activities without a Permit.



Condition, practice, or violation is causing or can reasonably be expected to cause significant, imminent environmental harm to land, air, or water resources.



Permittee has failed to abate Violation included in Citation # \_\_\_\_\_ within time for abatement originally fixed or subsequently extended.

**Abatement/corrective action(s) required (for all Citations):**

**Abatement Times (if applicable)**

The containers require immediate characterization and proper removal from the site by a licensed contractor. Provide oil and/or hazardous materials manifests to the Division as documentation of the removal.

April 13, 2016

\_\_\_\_\_  
Permittee Representative (Print)

April A. Abate

\_\_\_\_\_  
DOGMR Representative (Print)

\_\_\_\_\_  
Permittee Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DOGMR Representative's Signature

\_\_\_\_\_  
Date

3/23/16

**SEE REVERSE SIDE Of This Form For Instructions And Additional Information**